

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

926199

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18	/		/				68						
19	/		/				69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23		/		/			73						
24	/		/				74						
25	/		/				75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30	/		/				80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		6				TOTAL IND.						
TOTAL DEP.		24		24			TOTAL DEP.						
TOTAL CLAIMS	6	24	6	24			TOTAL CLAIMS						

BEST AVAILABLE COPY